KALEIDA HEALTH/DEGRAFF HOSPITAL/ROCHESTER REHABILITATION CENTER

DRIVER EVALUATION/TRAINING REFERRAL

NAME:_____ DOB:_____ SEX: M__ F__ PHONE:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

Referral for:

- ☐ **Driver Evaluation**
- ☐ **Equipment Eval. For Driving**
- ☐ **Vehicle Consult**
- ☐ **Driver Training if indicated**
- ☐ **Equipment Eval. for Passenger**
- ☐ **Equipment Inspection**

Did individual drive prior to disability? ☐ YES ☐ NO. If yes, how long? _____

Does individual have valid New York State Driver's License? ☐ YES ☐ NO

Does individual have valid New York State Learner's Permit? ☐ YES ☐ NO

Medical Summaries required for all driver evaluation referrals - Please include admission and discharge summaries if hospitalized in the past year.
Mental Retardation or Learning Difficulties Diagnosis – Include most recent psychological testing.
Brain Injury Diagnosis – Include a neuropsychological evaluation and medical discharge reports.
Loss of Consciousness – Include a neurospsychological evaluation if any incident has occurred within past 12 months.

LIST DISABLING CONDITIONS (See above for details of medical reports that should accompany referral):

_____

Does the individual have Health Insurance? ☐ YES ☐ NO

INSURANCE COMPANY_____ PRIOR APPROVAL NEEDED? ☐ YES ☐ NO
SUBSCRIBER #_____ AUTHORIZATION #_____

Is the individual a Medicaid Recipient? ☐ YES ☐ NO
Has individual participated at Driver Evaluation/Training before? ☐ YES ☐ NO
COMMENTS:_____

Return completed referral to: **DRIVER EVALUATION/TRAINING SERVICES**
KALEIDA HEALTH/DEGRAFF MEMORIAL HOSPITAL
415 TREMONT STREET, PO Box 750
NORTH TONAWANDA, NY 14120-0750
FAX # (716) 690-2160

Referred by (**please print name**): _____ Date:_____

Agency/Program:_____ Address:_____

City:_____ State_____ Zip:_____ Phone:_____

A PHYSICIAN'S ORDER FOR AN OCCUPATIONAL THERAPY EVALUATION OF FUNCTIONAL ABILITY TO DRIVE IS REQUIRED. THIS FORM MAY SERVE AS ORDER IF PHYSICIAN'S SIGNATURE APPEARS BELOW. (IF PREFERRED, ATTACH PRESCRIPTION.)

_____ _____
Physician's Signature Date REGISTRATION #

DR/FC: h:\gruber\W**DriverBUFreferral**, rev. 02/99